FLED JAN 12 1951	THE DIVISION OF HE			43288
LIED DAM TO 1951	STANDARD CERTIF	ICATE OF DEATH	State File No	
BIRTH NO	_ REG. DIST. NO. 333	PRIMARY REG. DIST. NO. 30		116
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If insti	tution: residence before
	RURAL and give c. LENGTH OF township) STAY in this place)	C. CITY (If outside corporate limits OR TOWN	e, wile RURAL and give town	~~
d. FULL NAME OF (If not in bospital or HOSPITAL'OR	institution, give street address or institution)	N XI XIIIX	give location)	//
INSTITUTION	b. (Middle)	c. (Last)	telcher)	An.
3. NAME OF (First) DECEASED (Type or Print)	74 Henro	1) (Dasi)	4. DATE (Month) OF DEATH OF	(Day) (Year) Y: 1950
5. SEX 6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORGED (Bpodis)	BLAN. 4. 1878	9. AGE (In years) of theses	YEAR OF UNDER 16 HIS. Days Hours Min.
On. USUAL OCCUPATION (Give kind of work does furing most of working life, even if retired)	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
30. FATHER'S NAME	136. MOTHER'S MAIDEN	NAME 14. NA	ME OF HUSBAND OR HIFE	u.d.a.
Unprown.	unpro	un &	and Her	rson
15. WAS DECEASED EVER IN U.S. ARMED (Yes. no. or unknown) (If yes, give war or date		17. INFORMANT'S SIGN	nson Si	Leton Mo
8. CAUSE OF DEATH Enter only one cause per 1. DISEASE OR C	CONDITION	CERTIFICATION	1.t.	INTERVAL BETWEEN ONSET AND DEATH
line for (a), (b), and (c)	DING TO DEATH*(a)	our Mujor	aiouis	
*This does not mean ANTECEDENT C	///	ile Henrich Bit	morelevoies	
	cause (a) stating	1 1 0	The second second	
ease, injury, or complica-	DUE TO (c)	efile (ar	Userma	
Conditions contri	IFICANT CONDITIONS ibuting to the death but not asset or condition causing death.			156A
	IDINGS OF OPERATION			20. AUTOPSY1
		1		YES NO 🔀
21a. ACCIDENT (Bpacity) SUICIDE HOMICIDE .	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHI	P) (COUNTY)	(STATE)
21d. TIME (Mossis) (Day) (Year) OF INJURY	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY OCCUR?	•	
22. I hereby certify that I attended			that I last	saw the deceased
alive on 1997	I, and that death occurred at .	1:50 fm., from the cause		
23a. SIGNATURE	Sun Till	23b. ADDRESS	Sireston Me	23c. DATE SIGNED
24a. BURIAL, CREMA- 24b DAME TION, REMOVAL (Spenity)	24c. NAME OF CEMETER	Y OF CREMATORY 241 LOCA	ATION (Olty, town, or coun	y) (State)
Kural () Kees d	7,1950 Sukeston Oits	Cemetery Jik	esten	mo
DATE REC'D BY LOCAL REGISTRAR'S FAM & SPECIAL PROPERTY OF THE	SIGNATURE FINE	25. FUNERAL DIRECTOR'S E	Taylor- Si	peater me
	(Licensed Embalmer's	Statement on Reverse Side)		

RECEIVED JAN 8 1951 SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 151-9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate w	vas embalmed	by me, or	by
	Student	Embainer No.	1 • •	···
working under my personal supervision.				

Licensed Embalmer No. 466/

Note: The above MUST BE SIGNED BY THE LICENSED, EMBALMER in his OWN HANDWRITING. (Failure to comply v the above constitutes grounds for revocation of license.)

Student Embalmer

If this body is not embalmed, fact should be so stated above.